

UTILITY DEPARTMENT 400 MAIN STREET BRAWLEY, CA 92227 PHONE: (760) 344-1550

FAX: (760) 344-5376

WATER SERVICE APPLICATION

DATE:	<u></u>	
SOCIAL SECURITY / TAX ID: _	DRIVER'S LICENSE #	STATE
NAME:		
ADDRESS (Location)		
	Non-Owner	
IF NON-OWNER, PLEASE FILL	IN THE FOLLOWING:	
OWNER NAME:		
PHONE NUMBER:		
	:	
Deposit Receipt No	Amount \$	
owner and/or non-owner occ payment of water bills in an a and sewer service and utility Such deposit less any amoun and utility user tax shall be re service. (b) Owners of premis without interest, that such or	for water service for non-owner-occupied residence cupied commercial premises shall require a deposition of the applicable monthly bill rate for user tax for a single residence and/or commercial due to the city for unpaid water, trash, and sever funded upon the customer's request for disconses shall be entitled to a refund of such deposit a wner has timely paid all water service charges demediately preceding one-year period. HEREBY AGREE TO PAY FOR ALL WATER, TRASH AND ALL APPLICABLE TAXES SUPPLIED AT THE FOR THE CITY AND AGREE THAT WATER MAY BE WATER BILL IS NOT PAID WHEN DUE.	osit to assure for water, trash, ial establishment. wer service charges tinuance of after one year, uring such one-

APPLICANT SIGNATURE